PTO/SB/22 (12-04)

PAPILICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 4819).) Application Number Filed Application This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): File One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Four months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/Inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Registration number finding under 37 CFR 1.34. Registration number finding under 37 CFR 1.34. Signature COMBAD One finding the finding under 37 CFR 1.34. COMBAD COMBAD One finding the finding under 37 CFR 1.34. COMBAD COMBAD One finding the finding under 37 CFR 1.34. COMBAD COMBAD One finding the finding under 37 CFR 1.34. COMBAD COMBAD COMBAD Comban Finding (Comban Filed Comban File	ان الله Upder the paperwork Reduction Act of 1995, no persons are rec	U.S. Pater quired to respond to a collection	nt and Trademark Office: U.S.	gh 07/31/2006. OMB 0651-0031 DEPARMENT OF COMMERCE ays a valid OMB control number.
FY 2005 (Feee pursuant to the Consolidated Appropriations Act, 2005 (P.R. 4819).) Application Number GENERAL APPROPRIATION OF THE PROPERTY	<u></u>		Docket Number (Optional)	
Application Number	FY 2005		95-nn4-M	
Art Unit 3 Examiner FSU E MORRIS This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	act ac tul		Filed 00 / 27 / 01-1	
Art Unit Examiner F3 F MORRIS	Colores Diagrams	TOR ITCHILL	CHAMINA DAL	LITING PROPERTY
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	DE LIVER PRINCIPLE VAL	TON OLTIGE	Examiner / FSL	IF MADEIS
One month (37 CFR 1.17(a)(1)) \$120 \$60 \$	This is a request under the provisions of 37 CFR 1.13	36(a) to extend the perio	d for filing a reply in the	above identified
One month (37 CFR 1.17(a)(1)) \$120 \$60 \$	The requested extension and fee are as follows (chec	ck time period desired a	nd enter the appropriate	e fee below):
Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$				1000
Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>\@\U\\Z0</u> 0\
Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	Two months (37 CFR 1.17(a)(2))	\$450 ·	\$22 5	\$
Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
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Registration number if acting under 37 CFR 1.34 2/20/06				_
Pamonarce 2/20/06	attorney or agent under 37 CF	FR 1.34.		
CONRAD O, GARDWER (206) 579-8077	Registration number if acting und	ler 37 CFR 1.34	/	-100
CONRAD O. GARDWER (206) 579-8077		El .	2/20	0/06
Typed or printed name Telephone Number	CONRAD O. GAI	DWER	(206)5	79-8077 one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	NOTE: Signatures of all the inventors or assignees of record of the e	entire interest or their represent	tative(s) are required. Submit	multiple forms if more than one
Total of forms are submitted. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the				high is to file (and her)

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.